

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)						SERIAL NO. _____		FILING DATE _____					
						APPLICANT(S) _____							
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
7	1		1				51						
8		1		1			52						
9		1		1			53						
10		3		3			54						
11		3		3			55						
12		3		3			56						
13		3		3			57						
14		3		3			58						
15		3		3			59						
16		3		3			60						
17		3		3			61						
18		3		3			62						
19		3		3			63						
20		3		3			64						
21	1		1				65						
22		1		1			66						
23		1		1			67						
24		1		1			68						
25		1		1			69						
26		1		1			70						
27		1		1			71						
28		1		1			72						
29		1		1			73						
30		1		1			74						
31		3		3			75						
32		3		3			76						
33		3		3			77						
34	1		1				78						
35		1		1			79						
36	1		1				80						
37		1		1			81						
38				2			82						
39				1			83						
40							84						
41							85						
42							86						
43							87						
44							88						
45							89						
46							90						
47							91						
48							92						
49							93						
50							94						
TOTAL IND.	4		4				95						
TOTAL DEP.	53		54				96						
TOTAL CLAIMS	57		58				97						
							98						
							99						
							100						
							TOTAL IND.						
							TOTAL DEP.						
							TOTAL CLAIMS						

# CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
7	1					
8		1				
9		1				
10		3				
11		3				
12		3				
13		3				
14		3				
15		3				
16		3				
17		3				
18		3				
19		3				
20		3				
21	1					
22		1				
23		1				
24		1				
25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31		1				
32		3				
33		3				
34	1					
35		1				
36	1					
37		1				
38		2				
39		1				
40		1				
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	50					
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
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78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

57

$$\begin{array}{r} 13 \\ \times 3 \\ \hline 39 \end{array} + \begin{array}{r} 15 \\ \times 1 \\ \hline 15 \end{array} + \begin{array}{r} 1 \\ \times 2 \\ \hline 2 \end{array}$$

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS